## MEMBERSHIP APPLICATION FOR AMERICAN ASSOCIATION OF UNIVERSITY WOMEN HALF MOON BAY BRANCH

	Address (street)	
P.O.BoxCity/State/Zip		
Telephone: (Home)	(Cell)	
Email:	Circle Way to contact (phone/email)	
May we list your contact information in the brancl	h directory? YesNo	
College/University	State	
DegreeMajor	Year Graduated	
Additional degrees/school/year		
Employment: Full time/Part time/retired		
Occupation(s)		
How did you learn about AAUW?		
If a member referred you, who was it?		
Do you need transportation to events/meetings? Ye	esNo	
	can help out with various activities. This is a perfect way to nterest you and someone will contact you to explain what	
MembershipProgramsTech Trek_	Stem Camp	
Days For Girls SunshineFundraising	g	

Date received: \_\_\_\_\_